

State Roles in Health Care

❖ Regulator

- ❖ Insurance
- ❖ Delivery System Quality: hospitals, medical professionals, LTC facilities
- ❖ Delivery System Financial: hospitals, institutional facilities
- ❖ Attorney General

❖ Facilitator

- ❖ Connecting all of the functions – understanding the interaction with the other payers – business, municipalities – and the overall responsibility to maintain a system that is accessed similarly by those receiving employer subsidies, public subsidies or paying privately

Medicaid and SCHIP 101

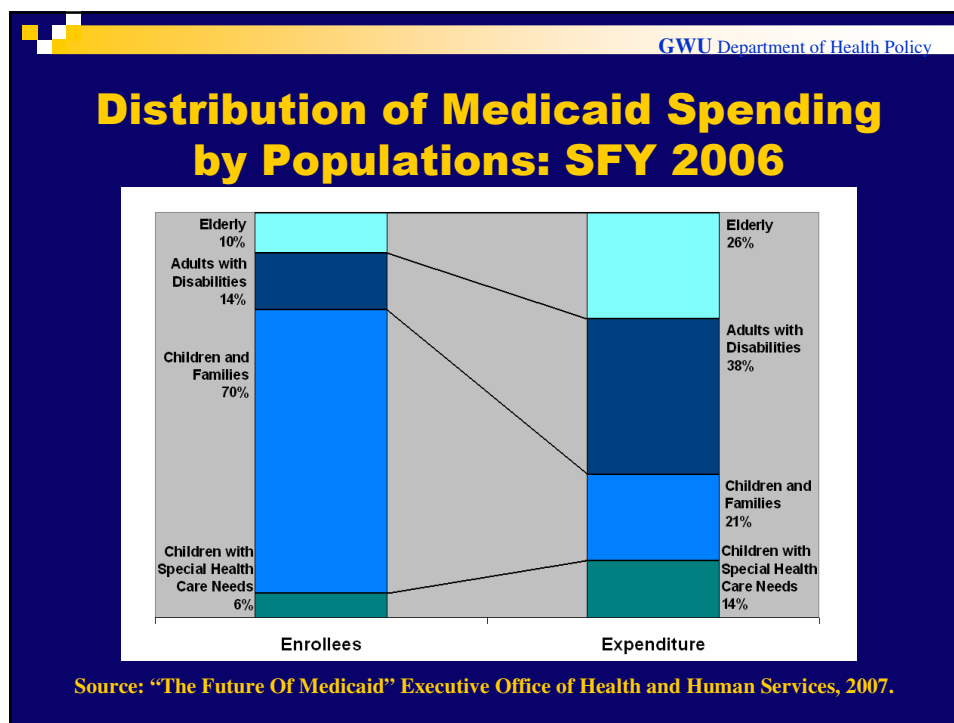
- ❖ Jointly financed state and federal government
 - ❖ Federal Match of 52.7%
- ❖ Administration by the state within broad federal guidelines
- ❖ Pays for a range of services
 - ❖ Physicians, hospitals, nursing homes, as well as insurance coverage
- ❖ Has the capacity to fill in gaps, support delivery system change, and wrap around private insurance system

SCHIP: State Children's Health Insurance Program

- ❖ Enacted in 1998
- ❖ Jointly financed by state and federal government
- ❖ Administered by the state within broad federal guidelines
- ❖ Capped program (unlike Medicaid)
- ❖ Can be combined with Medicaid

Medicaid and SCHIP 101


- ❖ Medicaid is many different programs
 - ❖ Children and Families – Rite Care
 - ❖ Elderly
 - ❖ Adults with disabilities
 - ❖ Developmentally disabled children and adults
 - ❖ Children with special health care needs



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Medicaid and SCHIP 101


- ❖ 26% of the state budget on average
- ❖ Rate of growth 4% to 12%
- ❖ For ever state dollar spent the federal government kicks in \$1.10 (slightly more for SCHIP)



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Next steps in state

- ❖ Balancing the needs
 - ❖ Budget shortfall
 - ❖ Health of the delivery system
 - ❖ Impact of public decisions on private sector business
 - ❖ Health of the population



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Next steps in state

- ❖ Thinking about Medicaid and SCHIP by population groups and functions
 - ❖ Elderly
 - ❖ Adult disabled
 - ❖ Children with special health care needs
 - ❖ Families and children
 - ❖ Administration
 - ❖ Short term savings vs long term fiscal health
 - ❖ Eligibility, benefits, payment levels

Insurance Coverage and Delivery system – using all of state roles

- ❖ 1/3 of RIsers:
 - ❖ State Employees
 - ❖ Municipal Employees
 - ❖ Medicaid
- ❖ Employers – small, large and ERISA
- ❖ Hospital issues – Merger
- ❖ Insurance issues – dominance of one carrier

Federal Level Activities

- ❖ SCHIP Reauthorization
- ❖ CMS run amuck?
- ❖ Presidential Campaigns
- ❖ No Crisis in DC – Crisis in States
- ❖ Can we do it alone
- ❖ What do we need from them?
 - ❖ ERISA?
 - ❖ Tax equity ?
 - ❖ Spending for subsidies?

An Evaluation of the Accountability and Quality of Managed Care for Medicaid and SCHIP Children. State Approaches to Monitoring and Enforcing Oral Health and Lead Screening Contractual Standards.

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Evaluating the End Points (no magic wand required)						
Attribute	Defn.	Employ-er Based	Individ-ual Based	Public Rate Setter	Public Pur-chaser	Public Payer
Cost	Lower Cost of Medical Services	(what are levers? How effective?)				
Trend	Lower trend going forward					
Uninsured	Reduce/eliminate uninsured					
Quality	Improve quality of medical care					
Health	Improve Public Health					

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